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Deliver to: Laura A. Grier, USPTO Art Group: 2644  
 Facsimile No.: 703-872-9306 Date: January 3, 2005  
 From: William W. Schaal, Reg. No. 39,018  
 Our Docket No.: 80398P109 Number of pages 5 including this sheet.  
 Application No.: 08/936,708 Filing Date: 9/24/1997  
 Docket Due Date(s): 1/1/2005

Enclosed are the following documents:

- |  |   |
|--|---|
| <input type="checkbox"/> Amendment: ( ___ pgs)                       | <input type="checkbox"/> Issue Fee Transmittal                                    |
| <input type="checkbox"/> Appeal Brief (in triplicate) ( ___ pgs)     | <input checked="" type="checkbox"/> Notice of Appeal                              |
| <input type="checkbox"/> Application: ( ___ pgs) w/cover & abstract) | <input type="checkbox"/> Petition for: _____                                      |
| <input type="checkbox"/> Assignment & Cover Sheet ( ___ pgs)         | <input type="checkbox"/> Request for Continued Examination (RCE)                  |
| <input checked="" type="checkbox"/> Certificate of Facsimile         | <input type="checkbox"/> Reply Brief ( ___ pgs)                                   |
| <input type="checkbox"/> Continued Prosecution Application (CPA)     | <input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)     |
| <input type="checkbox"/> Declaration & POA ( ___ pgs)                | <input type="checkbox"/> Request to Rescind Previous Nonpublication Request       |
| <input type="checkbox"/> Drawings: sheets, ___ figures               | <input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter |
| <input type="checkbox"/> Extension of Time: _____                    | <input type="checkbox"/> Response to Written Opinion ( ___ pgs)                   |
| <input checked="" type="checkbox"/> Fee Transmittal (in duplicate)   | <input type="checkbox"/> Terminal Disclaimer                                      |
| <input type="checkbox"/> IDS & PTO/SB/08 ( ___ pgs)                  | <input type="checkbox"/> Transmittal of Publication Fee Due                       |
| <input type="checkbox"/> Other _____                                 | <input checked="" type="checkbox"/> Transmittal Letter                            |

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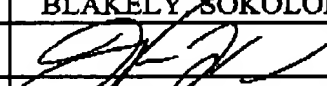
Nicole Erquiaga 01/3/2005  
 Nicole Erquiaga Date

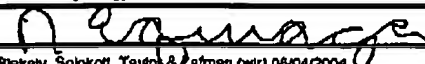
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application No.	08/936,708
		Filing Date	September 24, 1997
		First Named Inventor	Jeffrey J. Claar
		Art Unit	2644
		Examiner Name	Laura A. Grier
Total Number of Pages in This Submission	4	Attorney Docket Number	80398P109

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	William W. Schaal, Reg. No. 39,018 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	January 3, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
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Typed or printed name	Nicole Erquiaga		
Signature		Date	January 3, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 06/04/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL  
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$) **500.00****Complete If Known**

Application Number **08/936,708**  
 Filing Date **September 24, 1997**  
 First Named Inventor **Jeffrey J. Claar**  
 Examiner Name **Laura A. Grier**  
 Art Unit **2644**  
 Attorney Docket No. **80398PT09**

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: **02-2666** Deposit Account Name: **Blakely, Sokoloff, Taylor & Zafman LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments  
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

**FEE CALCULATION****1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
26	26*	0	\$0.00
Independent Claims	4	0	\$0.00
Multiple Dependent			

**Large Entity****Small Entity****Fee Code****Fee (\$)**

SUBTOTAL (1)

(\$)

0.00

\*or number previously paid, if greater. For Reissues, see below

**2. ADDITIONAL FEES****Large Entity****Small Entity****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Description****Fee Paid****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)****Fee Code****Fee (\$)**

Other fee (specify)

SUBTOTAL (2)

(\$)

600.00

**SUBMITTED BY****Complete (if applicable)**

Name (Print/Type)

William W. Schanl

Registration No.  
(Attorney/Agent)

39,018

Telephone

(714) 557-3800

Signature

Date

01/03/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.  
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<b>FEE TRANSMITTAL for FY 2005</b> <small>Patent fees are subject to annual revision.</small>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number	08/936,708
		Filing Date	September 24, 1997
		First Named Inventor	Jeffrey J. Claar
		Examiner Name	Laura A. Grier
		Art Unit	2644
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>500.00</b>		Attorney Docket No.	80398P109

**METHOD OF PAYMENT** (check all that apply)

☐ Check  
 ☐ Credit card  
 ☐ Money Order  
 ☐ None  
 ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account  
 Deposit Account Number: 02-2666  
 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below  
 ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s)  
 ☒ Credit any overpayments  
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

**FEE CALCULATION****1. EXTRA CLAIM FEES**

Total Claims		Extra Claims	Fee from below	Fee Paid
26	26*	0	50.00	\$0.00
Independent Claims				
4	4*	0	200.00	\$0.00
Multiple Dependent				

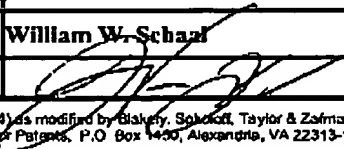
  

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	*Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (1)</b>				(5) 0.00

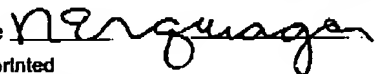
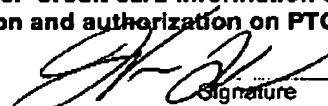
\*or number previously paid, if greater, For Reissues, see below

**2. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	60	2052	25	Surcharge - late provisional filing fee or cover sheet.	
2053	130	2053	130	Non-English specification	
1251	120	2251	60	Extension for reply within first month	
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,600	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	500.00
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1460	130	2460	130	Petitions to the Commissioner	
1807	60	1807	60	Processing fee under 37 CFR 1.17(a)	
1808	180	1808	180	Submission of Information Disclosure Stmt	
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.128(a))	
1810	780	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)					
SUBTOTAL (2)					(5) 500.00

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	William W. Schanz	Registration No. (Attorney/Agent)	39,018
Signature		Telephone	(714) 557-3800
		Date	01/03/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.  
 SEND TO: Commissioner for Patents, P.O. Box 1430, Alexandria, VA 22313-1430

<b>NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES</b>		<b>Docket Number (Optional)</b>  80398P109	
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.  January 3, 2005  Signature  Typed or printed name <u>Nicole Erquiaga</u>		In re Application of <b>Jeffrey J. Claar, et al.</b> Application Number 08/936,708 Filed 09/24/1997 For Method and Apparatus for Providing a Graphical User Art Unit 2644 Examiner Laura A. Grier	
Applicant hereby <del>appeals</del> to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b))		_____ \$500.00	
<input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of the fee transmittal.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2666</u> I have enclosed a duplicate copy of the fee transmittal.			
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.</b>			
I am the		 Signature	
<input type="checkbox"/> applicant/inventor.		William W. Schaal, Reg. No. 39,018	
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		Typed or printed name	
<input checked="" type="checkbox"/> attorney or agent of record.		01/03/05	
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____		Date	
NOTE. Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of _____ forms are submitted			

Based on PTO/SB/31 (08-03) as modified by Blakely, Solokoff, Taylor & Zeffman (w/r) 09/11/2003.  
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